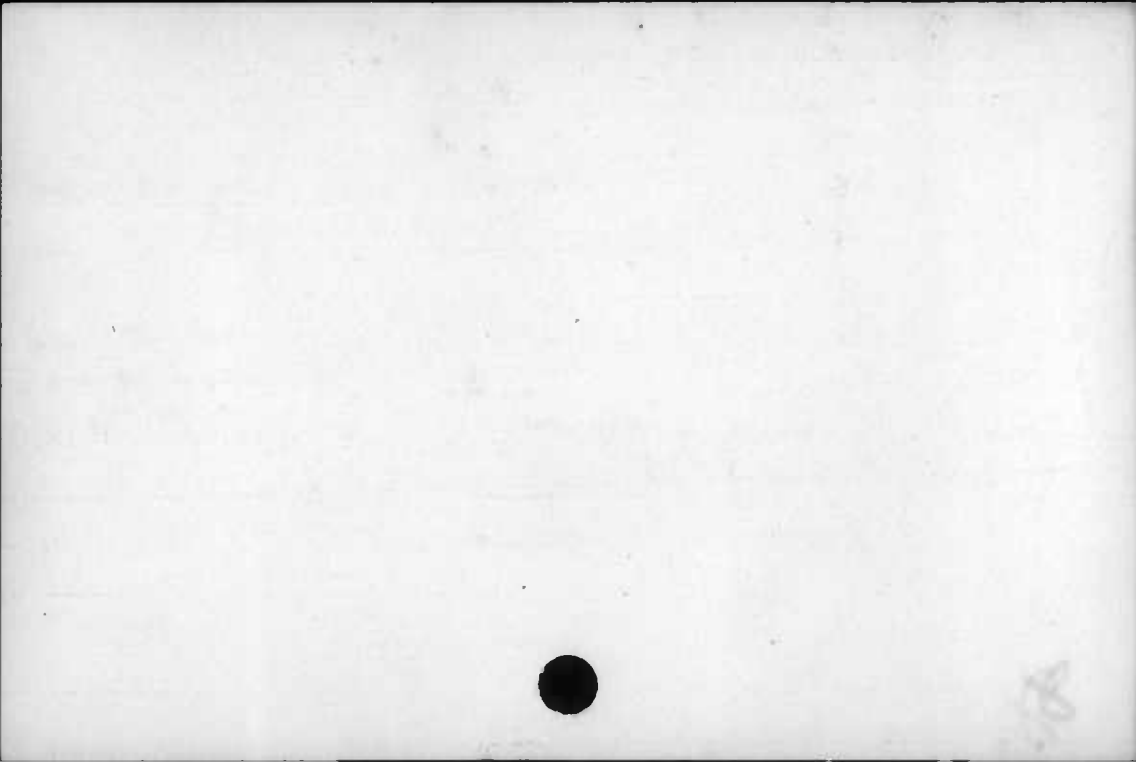


Name in Full		Mary Burke				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Olivet	Town	Calvert	County	MARYLAND		
	Date of death	1908	Month	Nov	Day	24	Age	33
	Sex	Female	Color or Race	Colored	Birthplace	Calvert Co md	Months	Days
	Occupation	House work	Where Residing if not at place of death					
	Married, Single or Widowed	Married	Name of Wife or Husband	Geo Burke				
	Father's Name	Wm. P. Kent	Father's Birthplace	Calvert Co md				
	Mother's Maiden Name	Rodie A. Woodkins	Mother's Birthplace	Texas U.S.A.				
	Name of person giving information	Rodie A. Kent	How related to deceased	Mother				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">27</div>								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis	How long	about 15 mos.				
	Immediate	Exhaustion	How long					
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo F Chambers M.D.				
			Address	Lusby, Calvert Co, md.				
Accident or Suicide?								



Name
in
Full

Thomas Benjamin Curtis

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Drum Hook^{County} CalvertDate of death 1908 ^{Month} November ^{Day} 13Age ^{Years} 5 ^{Months} ^{Days}

Sex Male

Color or Race Colored

Birth-place Calvert Co. Md

Occupation Laborer on farm

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name William Curtis

Father's Birthplace Calvert Co. Md.

Mother's Maiden Name Mary Hove

Mother's Birthplace Calvert Co. Md.

Name of person giving information Zachary Hawkins

How related to deceased Mother in Law.

CAUSES OF DEATH

120

Primary Chronic Nephritis

How long 4 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

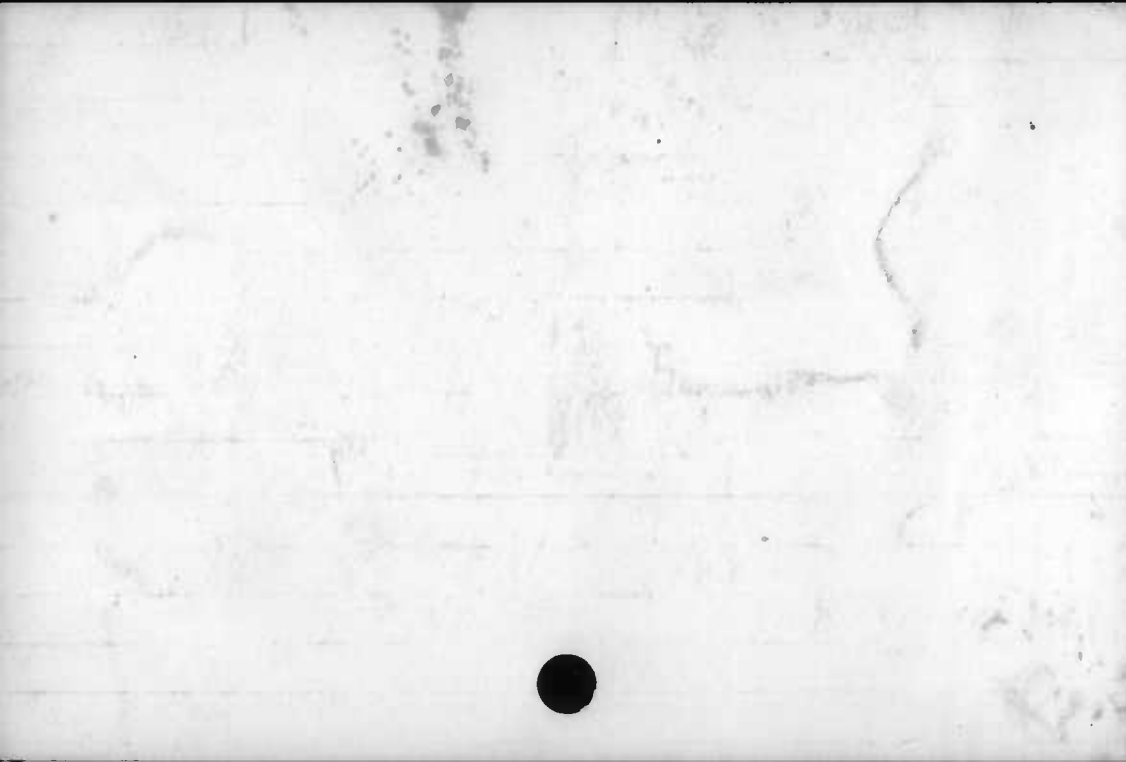
Thos. M. Chaney, M.D.

Address

Chaney, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marian Gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smith</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>12</i>	Age <i>24</i>	Years <i>24</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Md</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Bing Gray.</i>			Father's Birthplace <i>Calvert Md</i>		
Mother's Maiden Name <i>Kennie Thomas</i>			Mother's Birthplace <i>Calvert Md</i>		
Name of person giving information <i>Bing Gray.</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year.</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. P. [illegible]</i>
	Address <i>[illegible]</i>
Accident or Suicide?	<i>[illegible]</i>

4 Churn of Maple Sandus.

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ap. 8.

Name
in
Full

Edward Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chesapeake Beach ^{County} Calvert

MARYLAND

Date of death 1908 ^{Month} Nov. ^{Day} 3 ^{Age} ^{Years} 24 ^{Months} 7 ^{Days} 19Sex male ^{Color or Race} African ^{Birth-place} Calvert Co.Occupation Teamster ^{Where Residing if not at place of death} —Married, Single or Widowed Single ^{Name of Wife or Husband} —Father's Name Jimson Holland ^{Father's Birthplace} Calvert Co.Mother's Maiden Name Louisa Wilburn ^{Mother's Birthplace} " "Name of person giving information Jimson Holland ^{How related to deceased} Father

CAUSES OF DEATH

①

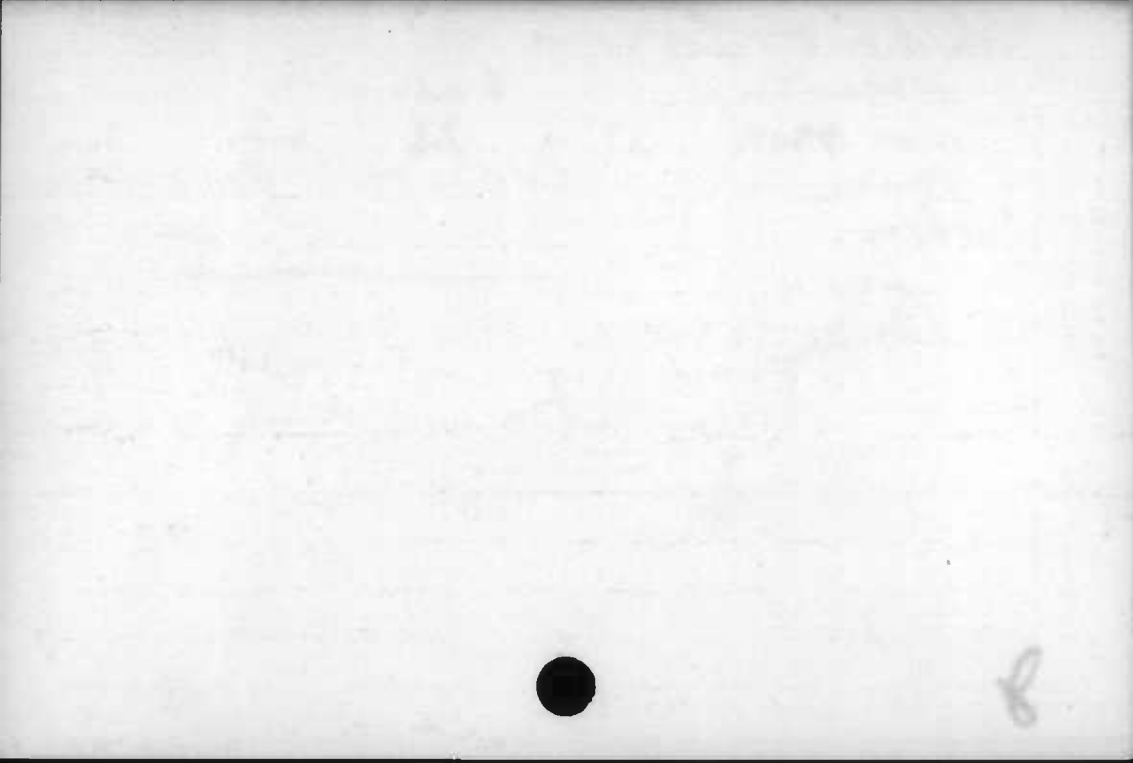
Primary Typhoid Fever ^{How long} 3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} E. H. Hinman^{Address} Lo. Marlboro, Md.

Accident or Suicide? —



Name
in
Full

Richard Locks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

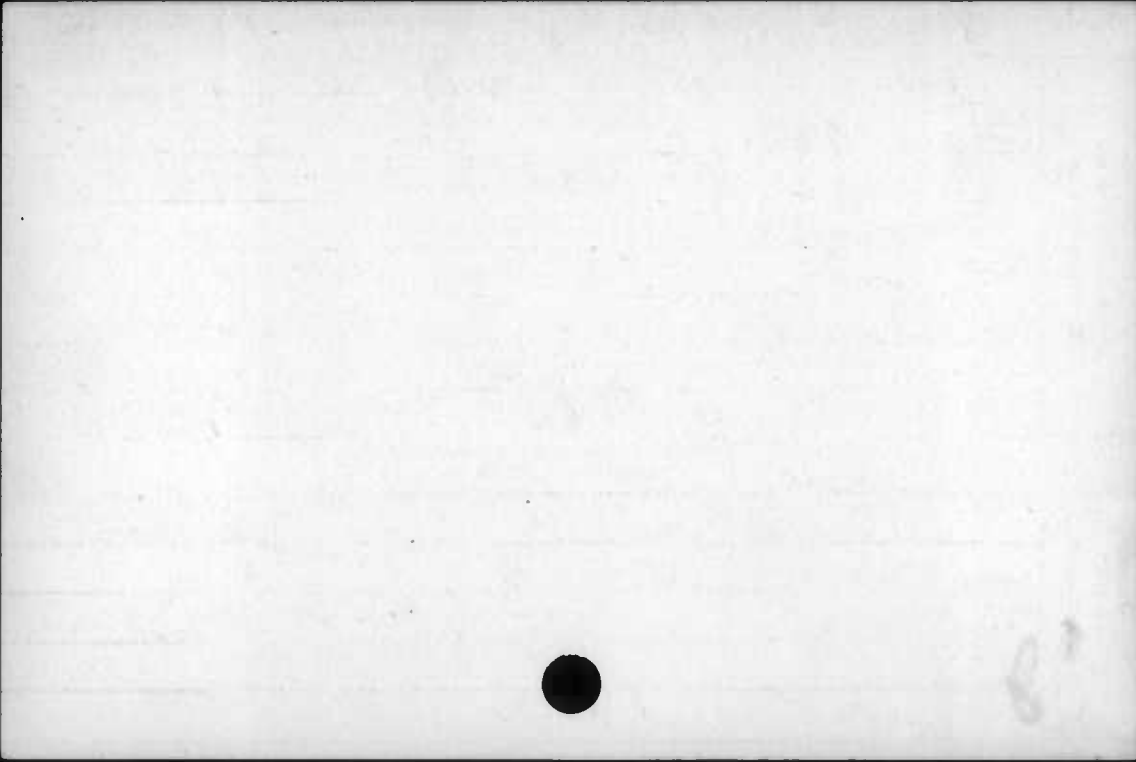
Died at <u>Mumme</u> ^{Town}			<u>Calvert</u> ^{County}			MARYLAND	
Date of death <u>1908</u> ^{Month} <u>0900</u> ^{Day} <u>15</u>		Age <u>72</u> ^{Years}		<u>—</u> ^{Months}		<u>—</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Calvert Co</u>			
Occupation <u>Laborn.</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Benj Locks</u>				Father's Birthplace <u>Calvert</u>			
Mother's Maiden Name <u>Tomer Key</u>				Mother's Birthplace <u>Calvert</u>			
Name of person giving information <u>Harry Locks</u>				How related to deceased <u>Apprent.</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Sudden death</u>	How long <u>2 hours</u>
Immediate <u>Inanition</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. B. Brown</u>
<u>J</u>	Address <u>Calvert</u>
Accident or Suicide?	<u>—</u>



Name
in
Full

Samuel Enos Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkers Creek</i>		County <i>Calvert</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Nov</i>	Day <i>3</i>	Years <i>—</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Age <i>—</i>	Birthplace <i>Calvert Co</i>	Days <i>3</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Samuel Thomas</i>	Father's Birthplace <i>Calvert Co</i>				
Mother's Maiden Name <i>Liza Nelson</i>	Mother's Birthplace <i>Calvert Co</i>				
Name of person giving Information <i>J</i>				How related to deceased <i>105</i>	

CAUSES OF DEATH

Primary <i>Gastro Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long

PHYSICIAN
OR CORONER

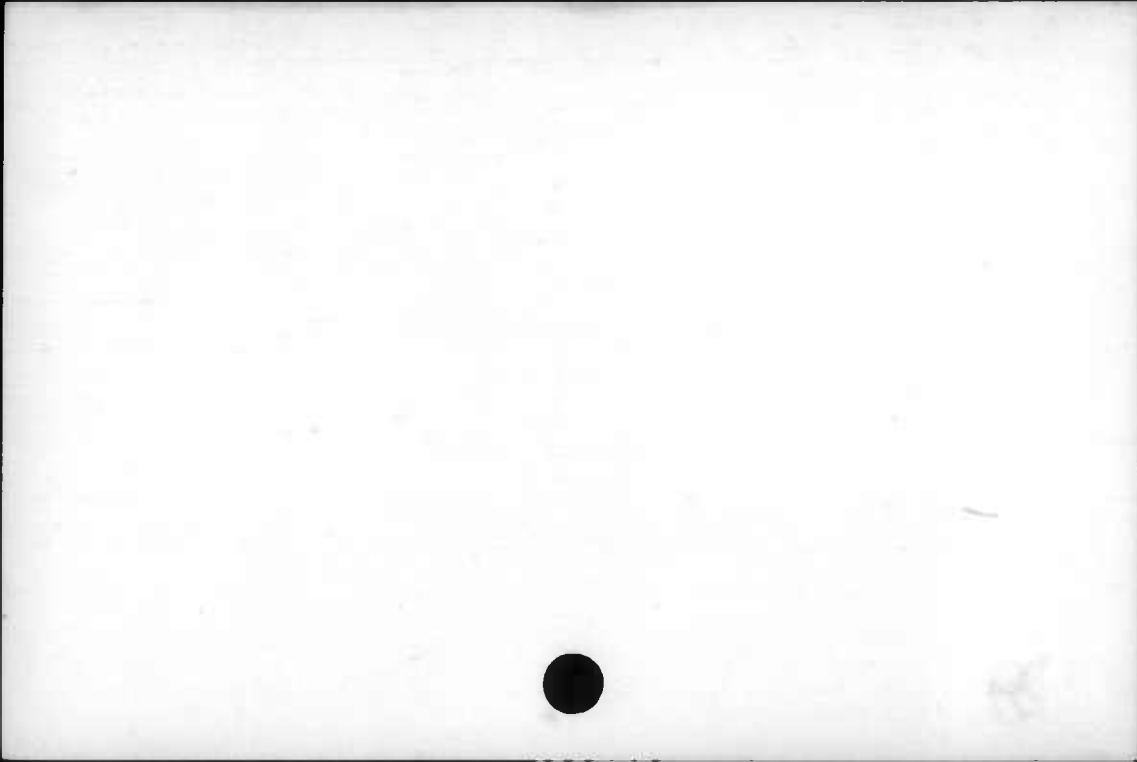
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. J. M. King
Bartow Md.

Accident or Suicide



Name
in
Full

Alexander Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

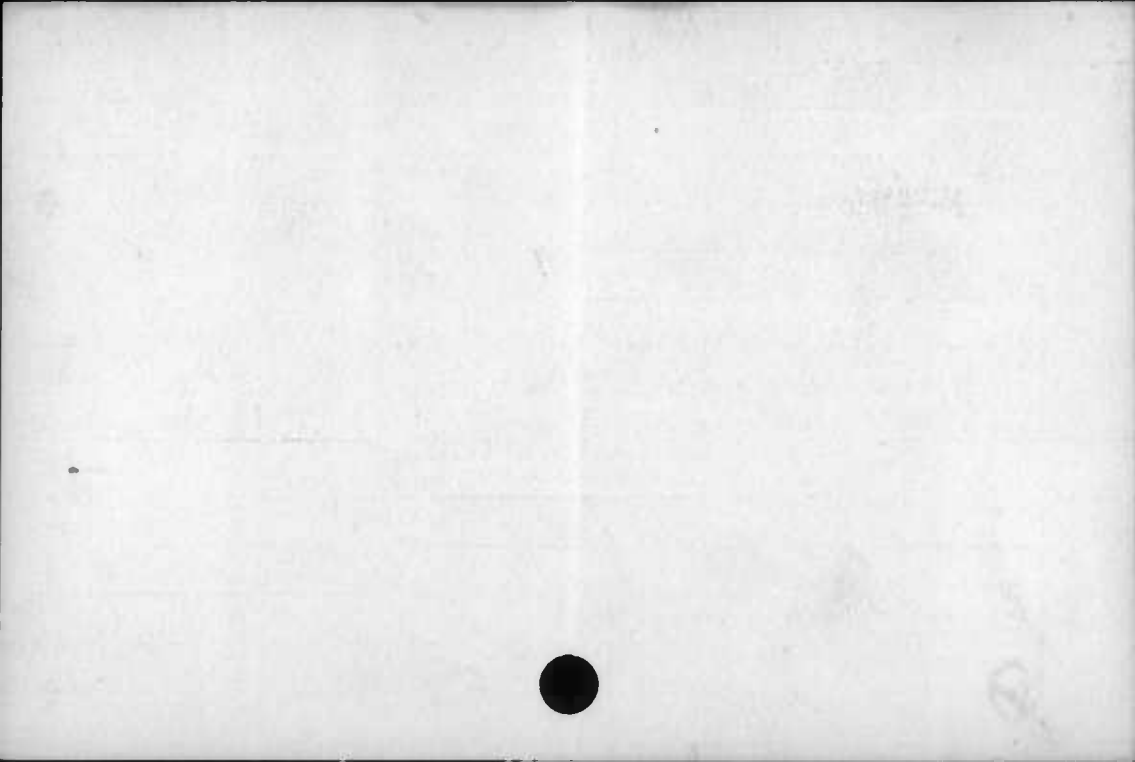
Died - on <i>T Boat</i>		Town <i>Neor Colours</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>6</i>	Age <i>54</i>	Years	Months <i>5</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Deals Island</i>				
Occupation <i>Mariner</i>	Where Residing if not at place of death <i>On Boat</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Sam. S. Windsor</i>						
Father's Name <i>Alexander Webster</i>	Father's Birthplace <i>Long Co</i>						
Mother's Maiden Name <i>Louisa Kelley</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Maggie White</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Indefinite</i>
Immediate <i>Apoplexy</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Schwartz</i>
<i>8</i>	Address <i>Deals Island</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barstow		County Calvert		MARYLAND	
Date of death	1908	Month Nov	Day 1	Age	Years	Months 2	Days 21
Sex	Male		Color or Race	Black		Birth- place	Calvert Co
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Wm. Young			Father's Birthplace	
Mother's Maiden Name			Ida M. Young			Mother's Birthplace	
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

105

Primary Improper feeding
How long

Immediate Gastro Enteric Infection
How long 3 wks

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

J. M. King
Barstow Md

PHYSICIAN
OR CORONER

Accident or Suicide

